

2018-2019 Semi-Monthly Employee Medical Plan Premium Costs

Level of Coverage: Employee + 2 or more Dependents (Family)

| Medical Plan | All Bargaining Units Semi-Monthly Employee Contribution (Excludes Administrative Management, Board of Supervisors, and Department/Agency Heads) | Administrative Management, Board of Supervisors, and Department/Agency Heads Semi-Monthly Employee Contribution | Extra Help Semi-Monthly Employee Contribution |
|---|--|--|--|
| County Health Plan EPO | \$638.20 | \$1,207.20 | Not Applicable |
| County Health Plan PPO | \$960.90 | \$1,529.90 | Not Applicable |
| Kaiser Permanente HMO | \$292.60 | \$861.60 | \$911.60 |
| Kaiser Permanente Hospital Services DHMO | \$76.02 | \$645.02 | \$695.02 |
| Kaiser Permanente Deductible First HDHP | \$11.52 | \$580.52 | \$630.52 |
| Sutter Health Plus Traditional HMO | \$43.98 | \$612.98 | \$662.98 |
| Sutter Health Plus Hospital Services DHMO | \$0.00 | \$490.45 | \$540.45 |
| Sutter Health Plus Deductible First HDHP | \$0.00 | \$437.27 | \$487.27 |
| Western Health Advantage Traditional HMO | \$229.49 | \$798.49 | \$848.49 |
| Western Health Advantage Hospital Services DHMO | \$29.01 | \$598.01 | \$648.01 |
| Western Health Advantage Deductible First HDHP | \$0.00 | \$537.68 | \$587.68 |